



Bentonite Production Tax

For 6-month period ending _____
Title 15, Chapter 39, Part 1, MCA

For Department Use Only	Name:		
	Address:		
	Address:		
	City:	State:	Zip Code:
1. FEIN:			
2. Account ID:			
3. Period:			
4. If this is an amended return, check here <input type="checkbox"/>			
5. If you are no longer in business and want your account cancelled, enter the final date _____			
6. If your mailing address has changed, check the box and print new address below: <input type="checkbox"/> _____			
Name of Mine:			
County:			
Section:		Township:	Range:
		School District:	

Production Per Mine

Wet tons per year

- 7. First 20,000
- 8. 20,001 to 100,000
- 9. 100,001 to 250,000
- 10. 250,001 to 500,000
- 11. 500,001 to 1,000,000
- 12. Excess of 1,000,000

Total Tons

(Complete for 12-month period)

January - June	July - December	Tax Rate	Tax Due
tons	tons	\$0.00/ton	Exempt
tons	tons	\$1.56/ton	\$
tons	tons	\$1.50/ton	\$
tons	tons	\$1.40/ton	\$
tons	tons	\$1.25/ton	\$
tons	tons	\$1.00/ton	\$
tons	tons		

Total Tons Produced (for the Year) _____ tons

Total Gross Value (for the Year) \$ _____

Royalty Interest

13. Total Royalties Paid/Yielded \$ _____ 15% \$ _____
14. **Total Tax Due** (add lines 7 through 13) \$ _____

Returns are due on the 14th day of the second month after the end of the period. Penalties and Interest will be applied if late.

I hereby swear or affirm under penalty of perjury that the statements contained herein are true to the best of my knowledge.

Signature _____

Title _____ Phone _____ Date _____

Bentonite Production Tax
Schedule of Royalty Interest

	Name	Address	Royalty %	Royalty Volume	Royalty Interest Paid
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
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40					



**Bentonite Production Tax
(BEN)**

Payment Instructions

Attention: Montana Department of Revenue Cashier

Complete the payment coupon below to ensure proper credit of your payment. If you are paying taxes for multiple periods, submit a separate check or money order and a separate coupon for **each** period. On the memo line of your check, please note your FEIN or account ID and the reporting period for which the payment applies.

Boxes 1 and 2 – Print an “X” in **one** box only for the type of payment you are remitting:

Check box 1, if your payment is for an original return for any period.

Check box 2, if your payment is for an amended return.

Box 3 – Enter the reporting period for which this payment applies.

Box 4 – Enter your federal employer identification number (FEIN).

Box 5 – Enter the amount you are remitting. (This amount should be the same amount as reported on line 14 of your return).

Name _____

Address _____

City, State, Zip Code _____

Phone _____

Mail this entire form with your check or money order and return to:

Department of Revenue

PO Box 5805

Helena, MT 59604-5805

Questions? Call (406) 444-6900.

Make check or money order payable to the Department of Revenue.

**Bentonite Production Tax
Payment Form**

☐ 1. Original return

☐ 2. Amended return

3. Period ending month day year
 / /

4. Federal employer
identification
number (FEIN) -

5. Amount paid